## MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED I" AMENDMENT AFTER 2 MAMENDMENT AS FILED AFTER I"AMENDMENT IND. DEP. 2 MAMENDMENT IND: DEP. IND. DEP. IND. DEP. IND. DEP IND. DEP. <u>26</u> 0 TOTAL IND. TOTAL IND. TOTAL DEP TOTAL CLAIMS TOTAL CLAIMS